WORKFORCE PLAN

TO IMPROVE ACCESS TO COUNTY BEHAVIORAL HEALTH SERVICES

Submitted by:

WASHINGTON'S JEFFERSON COUNTY
BEHAVIORAL HEALTH CONSORTIUM

Behavioral Health Consortium (BHC)
Facilitated & Led by:

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BEHAVIORAL HEALTH CONSORTIUM
JEFFERSON COUNTY, WASHINGTON
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1 | GENERAL NEEDS ASSESSMENT SUMMARY

BHC members initially came together to address the lack of sufficient Crisis Stabilization services in Jefferson County. The majority of Law Enforcement and EMS calls deal primarily with the County's OUD/MH demographic. Some outpatient services are available, but for a resident in crisis, the Emergency Room or Jail are the most likely options to be utilized. The 2019-2020 Needs Assessment highlighted:

- The need to address prevention challenges of social isolation, access to services, and low income.
- The need for an anchor space and place to support relapse prevention through community and connections to social, medical, housing and behavioral health service for the most vulnerable community members.
- The need to raise the profile of ongoing work being done around youth prevention.
- The opportunity to engage in an intentional local Peer Network development effort that can support service connection efforts, prevention, treatment and recovery throughout the County.
- The current situation of OUD/MH individuals who are not being connected with the MAT or social services necessary for stability, treatment, recovery and wellness.
- The lack of access for those living in the Jefferson County's south end to access Syringe Exchange Program that also provides an opportunity for connection to social, medical, housing and behavioral health services.
- The challenge of Western State Hospital closing, and the need for a focused, multi-stakeholder effort to provide avenues of earlier intervention at a local level.
- The need to consistently provide enhanced, local crisis stabilization services, rather than the expensive, ineffective use of City and County Law Enforcement, EMS and Hospital Emergency Department resources available for community members experiencing a crisis.
- Identification of funding opportunities that will help to achieve the long-term goal of local Crisis Stabilization services.
- The need to address the palpable prejudice and discrimination at various community levels that sits at the intersection of prevention, treatment and recovery, and leads to feelings of hopelessness and shame in those struggling to cope, creating a barrier to service expansion, diagnosis, and treatment.
- Development of a collective understanding of the workforce landscape and what the current and anticipated strengths and gaps are in our community.
- Development of priorities and a plan for how we will provide Emergency and Crisis services in our community, with the informed assistance of HFPD Consultants, who are already deeply involved on this landscape within the Olympic region.
- Involving relevant community and regional members in our discussions and decision-making.
- Development of understanding, then integration of, the regional landscape to our local plans.

- Need for a Project Director to lead, facilitate, recruit, summarize, coordinate, gather metrics, document, communicate, procure funding, and evolve, as appropriate, the work plans formulated by the community assets gathered into the BHC, whose mission it is to collaborate toward the reduction of Jefferson County's morbidity and mortality through the improvement of access to behavioral health services.

WORKFORCE ASSESSMENT METHODOLOGY

The BHC employed a variety of methods for data and information to identify Jefferson County's workforce needs and opportunities of the prevention, treatment and recovery.

- Existing local, state and national sources like the Washington Health Care Authority, the Washington Department of Health and the National Survey on Drug Use and Health.
- Key informant interviews, and the quantitative and qualitative data collection efforts conducted during the 2019 Community Health Assessment.
- Discussions at the BHC's monthly meetings.
- Discussion at Jefferson Behavioral Health Advisory Committee (aka 1/10th of 1% Fund).

Creating and reviewing current OUD/SUD treatment and recovery professionals and organizations.

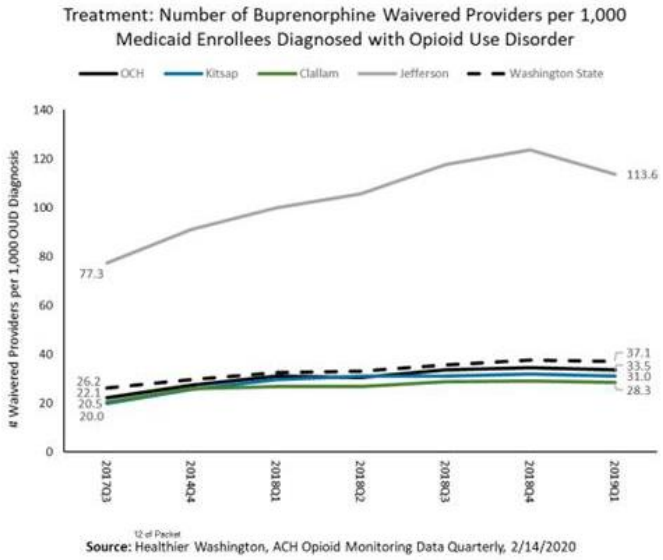
EXISTING SUD/OUD SERVICES, PROGRAMS AND RELATED WORKFORCE

Below is a list of existing SUD/OUD-related prevention, treatment, and recovery support services, including MAT, in Jefferson County, WA:

- One MAT clinic in Port Hadlock, Olympic Peninsula Health Services. OPHS providers prescribe two medications, Suboxone and Vivitrol, to treat addiction to opioids and alcohol.
- Safe Harbor Recovery Center/Beacon of Hope provides non-court-related substance use and alcohol rehabilitation and counselling services in Jefferson County.
- Believe In Recovery, is a private substance use rehabilitation service with regular and intensive outpatient treatment and counseling services, including cognitive/behavioral therapy.
- Jefferson Healthcare has 16 providers (13 physician and three Nurse Practitioners) who are certified to administer Buprenorphine in the primary care setting.
- Two Independent MAT Service providers:
  - Dr. Katie Ottaway, Port Townsend, WA
  - Dr. Douwe Rienstra, Port Townsend, WA

Existing SUD/OUD Behavioral Health Providers Available in Jefferson County, WA		
Provider Type	**Provide Full-time Equivalents (FTE)**	**Location of Providers**
Psychiatrist	0.1 1.0	Discovery Behavioral Healthcare, Port Townsend, WA Jefferson Healthcare, Port Townsend, WA
Psychologist	1.0	Discovery Behavioral Healthcare, Port Townsend, WA
Licensed Clinical Social Worker (LCSW)	0.8	Discovery Behavioral Healthcare, Port Townsend, WA Jefferson Healthcare, Port Townsend, WA
Licensed Professional Counselors (LPC	1.8	Discovery Behavioral Health, Port Townsend, WA
DCRs	2.4	Discovery Behavioral Healthcare, Port Townsend, WA
Peer Support Specialists	1.3	Discovery Behavioral Healthcare, Port Townsend, WA
Nurse Care Manager	1.0	OPHS – Port Hadlock
Substance Use Disorder Professionals	3.0 6.0	Believe In Recovery – Port Townsend Safe Harbor, Port Townsend
Case Managers (unlicensed)	2.0	Believe In Recovery – Port Townsend
LMPH - Telepsych	0.5	OPHS – Port Hadlock
Navigator	1.0	OPHS – Port Hadlock
Providers with Drug Enforcement Administration Waiver to Prescribe Buprenorphine		
Physicians	13.0 1.0 1.0	Jefferson Healthcare, Port Townsend, WA Dr. Katie Ottaway, Port Townsend, WA Dr. Douwe Rienstra, Port Townsend, WA
Nurse Practitioners	1.8 1.0 3.0	Discovery Behavioral Healthcare, Port Townsend, WA OPHS, Port Hadlock Jefferson Healthcare, Port Townsend, WA

The County is far and above the surrounding counties and Washington state at 113.6 waivered providers per 1,000 Medicaid enrollees diagnosed with OUD.



There are 21 providers with a primary address in Jefferson County who have a Drug Addiction Treatment Waiver to prescribe buprenorphine to treat opioid dependence. In spite of the high number of providers with a waiver, Jefferson County has a lower percentage of new initiations for opioid treatment than the Washington State average (6.0 in Jefferson County vs 7.0 statewide 3rd Quarter 2019 HCA data).

Based on the above information, the evidence supports there is a large volume of potential waivers to prescribe drugs for MAT of opioids, but very little of that capacity is being utilized. According to HCA, 66% of those patients initiating treatment with buprenorphine continued that treatment to 90 days. That matches the state average providing some indication of the effectiveness of the treatment.

This data emphasizes the possible lack of awareness of services in the community and demonstrates the need to provide communication and service connection to county residents, rather than providing more waivered providers.

WORKFORCE ADDITIONS PROPOSED FOR FUNDING IN RCORP-I GRANT APPLICATION

Arena	Workforce Focus	Benefit
PREVENTION & RECOVERY	Support and enhance the County's prevention and recovery potential in the newly established local Recovery Café through partial funding of a position to: - Anchor the daily operation of Recovery Café - to advance the seeding of a local Peer Network development effort - ensure sustainability of the community's investment to stand up a Recovery Café in Jefferson County.	Responds to Needs Assessment data that identifies **prevention challenges** of social isolation, access to services, and low income. This workforce addition will ensure a foundation for relapse prevention through community and connections to social, medical, housing and behavioral health service to the most vulnerable members of our community and will seed Peer Network development. Also provides start-up sustainability for the Recovery Café to address **recovery challenges** identified around the need for a recovery-community nexus point to anchor individual and collective recovery journeys, and provide social, medical and behavioral health service connections for our recovery community members.
TREATMENT	Partial hourly position to support a new South Jefferson County Syringe Exchange Program (SEP) with wraparound services connection	Addresses data that identified lack of transportation from far reaches of county as a major barrier for some county residents to connect with SUD/OUD related services and treatment. The new SEP program will serve as an intercept point for this workforce addition to connect people to services.
COMMUNICATION, EDUCATION & INTEGRATION	Consulting position for topical expert(s) to develop and lay out execution steps of a master communications, education and integration plan to address stigma associated with addiction and mental illness, and to raise the profile of services available in our community.	Addresses an opportunity at the intersection of prevention, treatment and recovery, where palpable prejudice and discrimination at various community levels leads to feelings of hopelessness and shame in those struggling to cope, creating a barrier to service expansion, diagnosis, and treatment. This effort will also provide a foundation for creation regional relationships and collaborations and raise the profile of existing services.
FACILITY FEASIBILITY & POTENTIAL IMPLEMENTATION	Retain HFPD Consultants to determine feasibility, and if feasible, assist in the development, of a local Crisis Stabilization or Evaluation and Treatment Facility.	Supports an ongoing effort to consistently provide enhanced, local services, rather than jail or ED, for those in crisis in our county by studying the feasibility of a "placed-based" inpatient resource for crisis stabilization, such as a Crisis Stabilization Center (or equivalent solution) in Jefferson County.

2 | PROBLEMS, OBJECTIVES, GOALS, LONG-TERM OUTCOMES, LONG-TERM INDICATORS AND TIMELINES

Addresses BHC strategies for recruiting and integrating additional SUD providers, and plans to train and retain new and existing SUD providers

PROBLEM STATEMENT #1
Lack of funded community partner to anchor a central Recovery space to seed peer network development, and host those focused on their recovery journey to connect with supportive community and services.

OBJECTIVE 1
Fund $35,000 per year for 3 years to operationally anchor the Recovery Café as a space to develop a local Peer Network, and, to connect those on their recovery journey with supportive community and wraparound services.

GOAL: Increase sustained relapse prevention for recovery community members.

ACTIVITIES:

- Grant Administrator to work with Recovery Café leadership finalize a contract for the recruitment, training and retention of personnel needed to anchor daily operations.
- Grant Team to work with Recovery Café Leadership to plan and execute peer network development.
- Establish metrics for recovery attendance and monitor.
- Establish metrics for peer development effort and monitor.

Long Term Outcome	A locally-anchored, sustainable relapse prevention program
Long Term Outcome Indicators	Local Recovery community base established and attendance increasing over time.
Workforce Plan Timeline	Q4 2020 - Plan/Recruit Q1 2021 through Q3 2023 - Implement

Problem Statement #2
Lack of access to SEP and related service connections in Jefferson County's south end.

Objective 1
Recruit, integrate, train and retain waivered personnel to support stand up of South County SEP program and capacity to provide connection to social, medical, housing and behavioral health services.

Goal
Serve South County with SEP and connection to social, medical, housing and behavioral health services.

Activities:

- Grant team to work with JH leadership to develop a plan to provide SEP services in existing clinic, and establish what wraparound services will be offered.
- Invite JH's Clinic Operations Manager to the BHC's ad hoc team to recruit and engage hospital MAT provider in the South County SEP.
- Track number of needle exchanges and service connections offered in South County.

Long Term Outcome	South County residents have an established access to SEP and wrap around services
Long Term Outcome Indicators	South County SEP and wrap around service connection established, being utilized and attendance increasing over time.
Workforce Plan Timeline	Q4 2020 - Plan, recruit, train, and integrate Q1 2021 – Q3 20203 - Implement

Problem Statement #3
Challenge of proactive stigma as it presents barriers to local and regional service expansion, diagnosis and treatment.

Objective 1 Address stigma at various intersections, including waivered-yet-inactive personnel, and local and regional community levels.

Goal: Reduce barriers to local service expansion, diagnosis and treatment, while generating regional understanding and relationships.

Activities:

- Use HRSA RCORP-I funding to retain consultant to develop communications, education and integration plan in collaboration with BHC and Jamestown S'Klallam Tribe.
- Execute plan developed in collaboration with BHC members and Jamestown S'Klallam Tribe.
- Employ Community Readiness Tool survey with stakeholder groups and community informants to monitor success.

Long Term Outcome	Increased openness to evidence-based practices that address SUD/OUD and reduce morbidity and mortality related to overdose.
Long Term Outcome Indicators	Community Readiness Tool feedback will indicate how efforts have affected the level of openness and the community's belief in urgency, need and sufficiency of services to reduce morbidity and mortality.
Workforce Plan Timeline	Q4 2020 - Hire Consultant Q1 2021 - Develop Communication/Education and Integration Plan Q2 2021 through Q3 2023 - Implement

Problem Statement #4

Resource-intensive Emergency Medical Service (EMS) and Law Enforcement (LE) channels are overloaded by a high percentage of individuals who access behavioral health services. Current LE/EMS organizations are not appropriately staffed or trained to assess or address the increasing number of behavioral health issues being encountered on a daily basis.

Objective 1 Determine feasibility, and if feasible, develop implementation plan and initiate execution to stand up a local crisis stabilization facility.

Goal: Effective local crisis stabilization that reduces burden on local law enforcement (LE), EMS, and emergency department (ED) resources.

Activities:

- Engage Health Facilities Planning and Development consultants to establish feasibility of potential Crisis Stabilization facility.
- Continue monitoring established data elements regarding substance use disorder, mental health encounters with LE/EMS/ED.
- Arrive at a feasibility determination.
- Develop and implement plans for Crisis Stabilization Center or other equivalent solution.

Long Term Outcome	Feasibility of stand up of a local crisis stabilization center determined, and if feasible, facility plan development and execution underway.
Long Term Outcome Indicators	Reduced metric indicators of OUD/MH encounters for LE/EMS/ED.
Workforce Plan Timeline	End of Q3 2021 - Complete Crisis Stabilization Facility Feasibility study Q4 2021 - Initiate next steps

Problem Statement #5
Lack of proactive solutions to address behavioral health issues outside of the clinical setting highlight a need for expansion and integration of existing services across BHC members to ensure more OUD/MH clients encounter service connection at earlier intercept points.

Objective 1 Recruit, integrate, train and retain personnel such as case managers, navigators and peer network members to provide more OUD/MH clients with service connection at earlier intercept points.

Goal: Provide more OUD/MH clients with service connection at pre-clinical setting intercept points.

Activities:

- MHFR team to assess current landscape and develop plan to increase Navigator and Care Coordination Services.
- Relevant BHC Members to assess and develop plan to improve Jail-to-Community Service Connection.
- Relevant BHC Members to improve sustainable DBH Day Program.
- Generate and distribute regularly updated online/printed Resource Directory.

Long Term Outcome	OUD/MH clients connected to wraparound services prior to law enforcement or clinical setting intercept points.
Long Term Outcome Indicators	Reduced metric indicators of OUD/MH encounters for law enforcement, EMS and Emergency Department.
Workforce Plan Timeline	Q4 2020 - Initiate 2021 through 2023 - Implement

PROBLEM STATEMENT #6
Lack of centralized resource to lead, facilitate, recruit, develop, summarize, document, measure, communicate and evolve, as appropriate, the work plans formulated by the community assets gathered into the BHC.

OBJECTIVE 1 Fund, recruit, integrate and retain Project Director role resource.

GOAL: Project Director Role engaged and retained for three-year period.

ACTIVITIES:

- Procure RCORP-Implementation grant funding to support Project Director role.
- Grant administration agency (Jefferson County Public Health) to recruit and hire Project Director through ⟹ networking, ⟹ advertising, and interviewing viable candidates.
- Monitor successful integration and use relevant retention influencing methods: ⟹ find the salary sweet spot, ⟹ take care of top performers, ⟹ cultivate ownership, and ⟹ be flexible.

Long Term Outcome	BHC goals and objectives are led, facilitated, recruited, summarized, documented, measured, communicated and evolved, as appropriate.
Long Term Outcome Indicators	The BHC is engaged and actively achieving the Work Plan.
Workforce Plan Timeline	Q3 2020 - Recruit Q4 2020 – Hire and retain through 2023

3 | PLAN FOR IDENTIFYING AND OBTAINING ELIGIBILITY FOR SITES TO PLACE NATIONAL HEALTH SERVICE CORPS (NHSC) CLINICIANS

The BHC has a mission to address opioid morbidity and mortality in Jefferson County by serving as a strong infrastructure between agencies, and to identify methods to integrate mental health and substance use disorder services, lower cost, create access to appropriate services at the appropriate time, and to implement evidenced-based, innovative approaches for value-based Healthcare.

The new funding opportunities through NHSC in the past year have been communicated to Jefferson Healthcare, a BHC Member. The BHC's Project Director will continue to inform any potential NHSC site of the various ways in which the NHSC program can help them recruit and retain healthcare workforce at monthly BHC meetings. A link will also be added to the BHC's website to the NHSC web-based information and shared regularly at the BHC's monthly meeting.

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